



## OTHER CHILD CARE SUBSIDY INFORMATION FORM

1. DO YOU CURRENTLY RECEIVE ANY CHILD CARE TUITION ASSISTANCE FROM STATE, COUNTY, OR LOCAL CHILD CARE SUBSIDY FUNDS

- ☐ YES (If "YES," complete item number 2)  
☐ NO

2. NAME AND ADDRESS OF SUBSIDY PROVIDER

3. NAME OF CONTACT PERSON

4. PHONE NUMBER

5. LIST NAME AND AMOUNT OF TUITION ASSISTANCE OF EACH CHILD RECEIVING THE STATE, COUNTY, LOCAL CHILD CARE SUBSIDY FUNDS

5A. NAME OF CHILD

5B. DAILY TUITION SUBSIDY RECEIVED

\$

6A. NAME OF CHILD

6B. DAILY TUITION SUBSIDY RECEIVED

\$

7A. NAME OF CHILD

7B. DAILY TUITION SUBSIDY RECEIVED

\$

8A. NAME OF CHILD

8B. DAILY TUITION SUBSIDY RECEIVED

\$

9. TOTAL WEEKLY STATE, COUNTY, LOCAL SUBSIDIES ►

\$

If both parents work for the Federal Government, The Department of Veterans Affairs employee must complete the following sentence:

I, \_\_\_\_\_, certify that my spouse has not applied for a child care subsidy from his/her Federal agency.

**CERTIFICATION:** I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that failure to truthfully set forth this information could result in loss of tuition assistance from the Department of Veterans Affairs. I/We further agree to inform Federal Employee Education & Assistance Fund (FEEA) within 10 days if any of the above information changes. I/We understand that awards for tuition assistance are made on a first-come, first-serve basis. I/We understand that failure to inform FEEA of any changes in status may jeopardize my/our chances of receiving tuition assistance through the Department of Veterans Affairs Child Care Tuition Assistance Program.

**PENALTY:** False statements made knowingly and willfully in this application or supporting documentation are punishable by fine and/or imprisonment under 18 USC, section 1001.

10. SIGNATURE OF MOTHER/GUARDIAN

11. DATE

12. SIGNATURE OF FATHER/GUARDIAN

13. DATE